

U.S. Department of Justice /  
United States Marshals Service

RECEIVED

NOV 21 2016

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF  
United States of America

U.S. MARSHAL  
HARRISONBURG, VA

COURT CASE NUMBER

5:16CV00076

DEFENDANT

All 50 pound high heat nonfat drymilk ~~Corporation~~ Valley Milk Products

TYPE OF PROCESS

Warrant of Arrest in Rem

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**SERVE** **AT** Valley Milk Products, LLC  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
605 N. Loudoun Street, Winchester, VA 22601

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be served with this Form 285

United States Attorney's Office  
Attention: Joseph W. H. Mott, AUSA  
P. O. Box 1709  
Roanoke, VA 24008-1709

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Number of USMS Deputy or Clerk  
All Telephone Numbers, and Estimated Times Available for Service):

AT HARRISONBURG, VA

Fold

FILED

Fold

NOV 29 2016

JULIA C. DUDLEY, CLERK  
BY: *[Signature]*  
DEPUTY CLERK

Signature of Attorney other Originator requesting service on behalf of:

PLAINTIFF

TELEPHONE NUMBER

DATE

DEFENDANT

(540) 857-2250

11/21/16

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process  
1

District of Origin  
No. 84

District to Serve  
No. 84

Signature of Authorized USMS Deputy or Clerk

Date

11/21/16

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

*Mike Curtis Director of Sales*

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 11/22/16 Time 9:30  am  pm

Signature of U.S. Marshal or Deputy

*[Signature]*

Service Fee 130.00	Total Mileage Charges including endeavors 75.00	Forwarding Fee	Total Charges 205.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service



## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America	U.S. MARSHAL HARRISONBURG, VA	COURT CASE NUMBER 5:16 CV 00076
DEFENDANT All 50 pound high heat nonfat dry milk produced by Valley Milk Products		TYPE OF PROCESS Warrant of Arrest in Rem
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE</b> Valley Milk Products, LLC <b>AT</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 412 E. King Street, Strasburg, VA 22657		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form 285
<input type="checkbox"/> United States Attorney's Office Attention: Joseph W. H. Mott, AUSA P. O. Box 1709 Roanoke, VA 24008-1709	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	(540) 857-2250	11/21/16

### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 84	District to Serve No. 84	Signature of Authorized USMS Deputy or Clerk 	Date 11/21/16
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>Mike Curtis Director of Sales</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date 11/22/16	Time 9:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy 	

Service Fee 130.00	Total Mileage Charges including endeavors 60.00	Forwarding Fee	Total Charges 190.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

DISTRIBUTE TO:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.	PRIOR EDITIONS MAY BE USED
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U.S. Department of Justice  
United States Marshals Service



## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF  
United States of America

COURT CASE NUMBER  
5:16CV00076

DEFENDANT

All 50 pound high heat nonfat drymilk, Valley Milk Products

TYPE OF PROCESS

Warrant of Arrest in Rem

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**SERVE** **AT** Valley Milk Products, LLC  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
188 Brooke Road, Winchester, VA 22601

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

United States Attorney's Office  
Attention: Joseph W. H. Mott, AUSA  
P. O. Box 1709  
Roanoke, VA 24008-1709

Number of process to be  
served with this Form 285

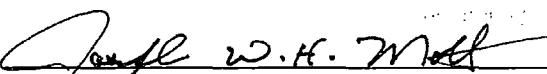
Number of parties to be  
served in this case

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,  
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

  
Signature of Attorney other Originator requesting service on behalf of:

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	(540) 857-2250	11/21/16

### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 84	District to Serve No. 84	Signature of Authorized USMS Deputy or Clerk	Date 11/21/16
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I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

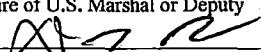
Mike Curtis Director of Sales

A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date  
11/22/16 Time  
9:30  am  
 pm

Signature of U.S. Marshal or Deputy



Service Fee 130.00	Total Mileage Charges including endeavors 75.00	Forwarding Fee	Total Charges 205.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

DISTRIBUTE TO: 1. CLERK OF THE COURT  
2. USMS RECORD  
3. NOTICE OF SERVICE

PRIOR EDITIONS MAY BE USED

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment,  
if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

Form USM-285  
Rev. 11/13